WAIVER OF RIGHTS TO CONFIDENTIALITY FOR SIBLINGS

INSTRUCTIONS:

1. Please complete entire form.
2. **This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California (CA) adoption agency licensed by the CDSS, or notarized by a Notary Public.*** If the signing of this form is witnessed by the CDSS or a California licensed adoption agency representative, photo identification of the person signing must be obtained and noted on this form. **THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR NOTARIZED.**
3. The waiver may be sent directly to the CA licensed adoption agency which handled the adoption, if known, or to the CDSS' Central Office: CDSS, Adoptions Support Unit, 744 P Street, M.S. 3-31, Sacramento, CA, 95814. If the adoption was an agency adoption, the waiver will be returned to you with the name and address of the adoption agency that handled the adoption so that you may send it directly to that adoption agency for processing.

DESIGNATE ONE - I AM THE:

☐ **ADOPTEE (age 18 or older)**

☐ **SIBLING (age 18 or older)** Attach copy of birth certificate

☐ **STEP-SIBLING (age 18 or older)** Attach copy of birth certificate **AND** copy of marriage certificate or divorce decree for marriage between birth parent and step-parent.

PART A. *To be completed by adoptee/sibling signing consent*

☐ ADULT ADOPTEE:

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of the CDSS or the CA licensed adoption agency and give my consent to the CDSS or the CA licensed adoption agency to disclose my name and address to my sibling so he/she may contact me.

☐ ADULT SIBLING:

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of the CDSS or the CA licensed adoption agency and give my consent to the CDSS or the CA licensed adoption agency to disclose my name and address to my adopted sibling so that he/she may contact me.

I realize that both of the designated persons must sign a Waiver before the CDSS or the CA licensed adoption agency may disclose identifying information and that signing this Waiver does not necessarily ensure that a contact will be made. The sibling must also comply with all other provisions of Family Code Section 9205.

I certify that to the best of my knowledge, I am an adoptee or sibling of an adoptee. I understand that I should keep the CDSS or the CA licensed adoption agency informed of my current name and address in writing.

I understand that I have the right to revoke this waiver at any time by notifying the CDSS or the CA licensed adoption agency in writing.

I understand that if the CDSS or the CA licensed adoption agency has not received a Waiver from each designated person, I may file a petition in the Superior Court to appoint a confidential intermediary to search for the other party to attempt to obtain a Waiver.

NAME (PLEASE PRINT)		BIRTHDATE	OTHER NAME(S) BY WHICH ADOPTEE/SIBLING HAS BEEN KNOWN	
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )
SIGNATURE			DATE	

PART B. *To be completed by a representative of the CDSS or a CA licensed adoption agency. If Part B or C is completed, do not complete Part D.*

SIGNATURE OF THE CDSS OR A CA LICENSED ADOPTION AGENCY REPRESENTATIVE	DATE	TELEPHONE NUMBER ( )
AGENCY/DEPARTMENT NAME	ADDRESS	

IDENTIFICATION OF ADULT ADOPTEE OR ADULT SIBLING (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)

PART C. ☐ *Check if notarized signature has been previously submitted to the CDSS.*

PART D. *To be completed by a Notary Public ONLY if Part B or C is not completed or a California licensed adoption agency.*

State of _____)

County of _____)

On _____ before me, _____ , a Notary Public,

personally appeared _____ , personally known to me (or proved to me on the basis of
NAME OF ADULT ADOPTEE/ADOPTEE'S SIBLING

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

_____ (Seal)
Signature

*Definition of Notary Public: A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

PART E. *Additional information regarding adoption*

In order to assist in locating the correct adoption file, please complete the information below. If you do not know this information, please write unknown.

ADOPTEE'S NAME	BIRTH DATE	CITY AND STATE OF BIRTH

ALL NAMES USED BY THE BIRTH MOTHER (INCLUDE MIDDLE AND MAIDEN NAMES) AND NAME OF BIRTH FATHER

FULL NAMES OF BOTH ADOPTIVE PARENTS